Welcome to the Legislative Update for February 22, 2013

This e-mail is provided as a courtesy of the Governor's Advisory Council on Aging. The purpose of this service is to keep Arizona's seniors and advocates for aging services informed about bills and actions taking place at the Arizona State Legislature and to highlight Congressional bills or happenings affecting older Americans. The information is intended to help you shape your own opinion about an issue and to give you the necessary resources and contacts so that you can ensure your perspective and voice are heard. The *Legislative Update* is non-partisan in nature. Thank you for your interest!

First Regular Session of the 51st Legislature

Since last Friday, 655 floor actions filed; at least 74 of those related to legislation tracked by the Council on Aging. (See **FULL LIST** link on page 2) Check the Senate and House daily posting sheets regarding actions taken provided here.

All committee agendas (House, Senate, Joint Legislative Budget Committee or JLBC) are posted at this <u>link</u>. All Floor Calendars are linked <u>here</u>.

Also: Standing Committees and their members are listed at this **link**.

2013 Session Timeline

Today marks the last day for Senate Bills to be heard in Senate Committees and House Bills to be heard in House Committees.

Senate deadlines posted at:

http://www.azleg.gov/alispdfs/51leg/senate/senatedeadlines.pdf

House deadlines posted at:

http://www.azleg.gov/alispdfs/50leg/house/housedeadlines.pdf

Legislation

Legislative action on *some* of the bills tracked by the Council on Aging is outlined here with fact sheets or summaries from the Arizona State Legislature, when available. Note: summaries are also provided by *Arizona Capitol Reports-LOLA* and found on the **FULL LIST**.

H2040: Strike Everything Amendment, 2/20 from House Health with amendment linked here and House Summary is provided here.

H2206: advance fee brokers; 2/19 referred to Senate Finance; House Summary is provided here.

H2355: license fees; working dog; waiver, 2/21 from House Committee of the Whole approved.

H2405: nursing home; assisted living; investigations; 2/22 House Summary is linked <u>here</u>.

H2407: qualified immunity; nonprofit clinics, 2/18 from House Rules with ok.

H2426 mobile dentistry, 2/21 passed House 58-1; ready for Senate.

H2484: veterans; hiring preference; tax credit, 2/20 from House Public Safety, Military & Regulatory Affairs with amendment. House summary is provided here and amendment here.

H2594: local transportation assistance fund; restoration, 2/18 House Summary provided here.

S1090: dependent children; placement; grandparents; stipend, 2/19 referred to House Reform & Human Services, Appropriations.

S1102: hearing aid dispensers, audiologist, 2/19 referred to House Health Committee.

S1341: vulnerable adults; financial exploitation, 2/19 from Senate Judiciary do pass.

S1353: health insurance; telemedicine, 2/20 from Senate Health and Human Services amended. Fact sheet is linked here and amendment provided here.

Hearings next week:

Monday, 2/25

H2401: service animal; definition, House Committee of the Whole

H2407: qualified immunity; nonprofit clinics, House Committee of the Whole

S1102: hearing aid dispensers; audiologists, 2/27 at 10 am, House Health Committee, Rm 4.

S1237: guardianships, conservatorships; transfer, 2/25 at 1 pm, Senate Caucus Room 1.

S1341: vulnerable adults; financial exploitation, 2/25 at 1 pm, Senate Caucus Room 1.

REMINDER: Bill summaries, actions, hearings and other information are all provided on the legislation tracked by the Council at the **FULL List** link provided below.

As of day 40, 1,145 bills posted, two (2) bills passed; two (2) bills signed; 69 memorials or resolutions posted and two (2) passed. Some of these bills

may be of interest to Arizona seniors and will be tracked by the Council and appear on the **Legislative Update** web report page.

Please be advised that the presence of a bill on the Council's tracking list does not represent support or opposition by the Council to that bill. It does mean that the bill is likely to be of interest to or have an impact on older Arizonans so the Council is tracking the bill's progress.

FULL LIST:

http://www.azcapitolreports.com/webreport.cfm?webreport=24960&listid =47124&print=true

Note: The FULL LIST web report above provides you with the current status and upcoming hearing information about the bills being tracked by the Council and is available and updated on an ongoing basis, 24 hours a day, 7 days a week. This list will continue to be edited and/or expanded as we have an opportunity to get through the bills as posted. Information about bill status, hearing, etc. is a purchased service provided by the *Arizona Capitol Times*.

Both the Senate and the House are adjourned at this time until Monday, February 25, 2013, 1:30 p.m.

If you want to learn more about the legislative process, see **Arizona Bill** and **From Idea To Bill To Law, The Legislative Process in Arizona** linked **here**.

Fiscal News

From the Joint Legislative Budget Committee (JLBC)

JLBC Monthly Fiscal Highlights February 2013 is posted here and states, "January General Fund revenue collections totaled \$915.1 million. Base revenues, which exclude one-time adjustments, were 4.0% above the prior year."

The JLBC 2/20/13 Appropriations Committee Presentations, (link: http://www.azleg.gov/jlbc/14appropspresentations.pdf) includes information on AHCCCS, DES and Department of Health Services.

Share your thoughts! If you have a particular perspective to share with the Governor or your legislators, **you may voice your thoughts** *at any time* by contacting the:

- **Governor's Office of Constituent Services** at 602-542-4331 or toll-free at 1-800-253-0883 (outside Maricopa County only)
- · Or **contacting your legislator from your area**...locate your legislator by going to the **Arizona State Legislature website** and looking for: *How do I find My*

Legislators or by following the instructions provided at both the **Senate** and **House Member** links at the website.

· **District maps** can be found **here**.

FEDERAL OVERVIEW:

H.R.1845

Medicare IVIG Access and Strengthening Medicare and Repaying Taxpayers Act of 2012

Introduced on 5/11/2011 by Representative Kevin Brady (TX-8)

Became Public Law No: 112-242 on 1/10/2013.

Title I: Medicare IVIG Access - (Sec. 101)

Directs the Secretary of Health and Human Services (HHS) to establish a three-year demonstration project under part B (Supplementary Medical Insurance) of title XVIII (Medicare) of the Social Security Act (SSA) to evaluate the benefits of providing payment for items and services needed for the in-home administration of intravenous immune globin (IVIG) for the treatment of primary immune deficiency diseases.

Requires the Secretary to enroll up to 4,000 Medicare beneficiaries who have been diagnosed with primary immunodeficiency disease for participation in the project.

Requires that generally items and services for which payment may be made under the demonstration program be treated and covered under SSA title XVIII part B in the same manner as similar items and services covered under that part.

Directs the Secretary to establish a per visit payment amount for items and services needed for the in-home IVIG administration based on the national per visit low-utilization payment amount under the prospective payment system for home health services under Medicare.

Authorizes the Secretary to waive such Medicare requirements as may be necessary to carry out the demonstration project.

Specifies requirements for interim and final evaluations for Congress of the impact of the demonstration project on Medicare beneficiary access to items and services needed for in-home IVIG administration.

Requires the final report to Congress to: (1) analyze the appropriateness of implementing a new payment methodology for IVIGs in all care settings under Medicare part B; and (3) update the report entitled "Analysis of Supply, Distribution, Demand, and Access Issues Associated with Immune Globulin Intravenous (IGIV)," issued in February 2007 by the Office of the Assistant Secretary of HHS for Planning and Evaluation.

Makes specified funds available for the project from the Federal Supplementary Medical Insurance Trust Fund.

Title II: Strengthening Medicare Secondary Payer Rules - (Sec. 201) Adds requirements for determination through a Centers for Medicare and Medicaid Services (CMS) website of a final amount for reimbursement to the appropriate Trust Fund for a conditional Medicare secondary payment in the event that a beneficiary's primary plan proves to be responsible.

Allows a Medicare claimant or applicable plan, within 120 days before the reasonably expected date of a settlement, judgment, award, or other payment, to notify the Secretary that a payment is reasonably expected and the payment's expected date.

Directs the Secretary to maintain and make available to Medicare beneficiaries (and to authorized family or other recognized representatives and to an applicable plan which has obtained the beneficiary's consent) access through a CMS website to information on claims for items and services, including those relating to a potential settlement, judgment, award, or other payment. Prescribes requirements for such a website.

Deems to be the final conditional amount subject to recovery related to a settlement, judgment, award, or other payment any statement of reimbursement amount an individual downloads from the CMS website during a specified protected period, if the settlement, judgment, award, or other payment is made during the same period. Prescribes requirements for resolution of discrepancies with a statement of reimbursement amount.

Directs the Secretary to promulgate regulations establishing a right of appeal and an appeals process with respect to any payment determination for which recovery of conditional payments is sought from an applicable primary plan.

(Sec. 202) Creates an exception to the requirement that a primary plan (and any entity receiving payment from a primary plan) reimburse the appropriate Trust Fund for any Medicare payment with respect to an item or service if the primary plan has or had a responsibility to make the payment.

Declares that this repayment requirement shall not apply with respect to any settlement, judgment, or other payment by an applicable plan arising from liability insurance (including self-insurance) and from alleged physical trauma-based incidents (excluding alleged ingestion, implantation, or exposure cases) constituting a total payment obligation to a claimant of not more than a single threshold amount calculated by the Secretary for the year involved.

Directs the Secretary to calculate and publish a single threshold amount annually according to a specified formula (excluding ongoing expenses).

Requires the Secretary to report annually to Congress on the single threshold amount for settlements, judgments, awards, or other payments for conditional payment obligations arising from liability insurance and alleged incidents, but also on the establishment and application of similar thresholds for conditional payment obligations arising from worker compensation cases and no fault insurance cases.

(Sec. 203) Changes from mandatory to discretionary the civil monetary penalty of up to \$1,000 for an applicable plan that fails to comply with requirements for determining if a claimant is entitled to Medicare benefits and for submitting to the Secretary for each day of noncompliance with respect to each claimant related information by or on behalf of liability insurance (including self-insurance), no fault insurance, and workers' compensation laws and plans.

Directs the Secretary to publish a notice in the Federal Register soliciting proposals for the specification of practices for which sanctions will and will not be imposed (safe harbors). Requires the Secretary, after considering the proposals submitted, to publish in the Federal Register, for comment, proposed specified practices for which such sanctions will and will not be imposed. Requires the Secretary, after considering any public comment, to issue final rules specifying such practices.

(Sec. 204) Requires the Secretary to modify insurance information reporting requirements so that an applicable plan, in complying with them, is permitted but not required to access or report to the Secretary beneficiary Social Security account numbers or health identification claim numbers.

Requires extension of the deadline for such modification by one or more periods of up to one year each if the Secretary notifies appropriate congressional committees that the prior deadline, without an extension, threatens patient privacy or the integrity of the secondary payer program.

(Sec. 205) Sets a three-year statute of limitations on a Medicare secondary payer claim by the Secretary for reimbursement against an applicable plan that becomes a Medicare primary payer pursuant to a settlement, judgment, award, or other payment made relating to the payment owed.

ALSO: Recent action related to Sequestration

H.R.699

To amend the Balanced Budget and Emergency Deficit Control Act of 1985 to repeal and replace the fiscal year 2013 sequestration.

Introduced on 2/14/2013 by Representative Chris Van Hollen (MD-8)

2/14/2013 Referred to House Committee on Ways and Means, and in addition to the Committees on the Budget, and Agriculture. (text and summary pending)

H.R.729

To amend the Balanced Budget and Emergency Deficit Control Act of 1985 to exempt the National Institutes of Health from sequestration under section 251A for fiscal year 2013, and to reduce the sequestration by the amount of the exemption.

Introduced on 2/14/2013 by Representative Jim McDermott (WA-7) 2/14/2013 Referred to House Committee on the Budget. (text and summary pending)

H.R.773

To amend the Balanced Budget and Emergency Deficit Control Act of 1985 to exempt the Department of Defense from reduction under any order issued to carry out a sequestration pursuant to section 251A.

Introduced on 2/15/2013 by Representative J. Randy Forbes (VA-4) 2/15/2013 Referred to House committee. Status: Referred to the House Committee on the Budget. (text and summary pending)

NOTE: If you want information specific to a bill, go to the Thomas website http://thomas.loc.gov/ and enter the bill number or title under Search Bill Summary & Status.

Share your opinions with members of Congress!

If you are interested in sharing your thoughts or concerns, find out how to contact your congressional representatives by visiting: http://www.house.gov/ for the **Senate.**

Links to the membership lists are provided below.

House members

Senate members

You can contact the White House at this link.

A compilation of contact information is provided at: http://www.usa.gov/Contact/Elected.shtml.

OTHER NEWS

From Kaiser Family Foundation/Robert Wood Johnson Foundation/Harvard School of Public Health January 2013

The Public's HealthCare Agenda for the 113th Congress findings is linked here.

From the **U.S. Census**

2010 Census Report Shows More Than 80 Percent of Centenarians are Women - article is linked **here**.

Centenarians 2010 report is linked <u>here</u> .

The U.S. Environmental Protection Agency has announced Smart Growth Implementation Assistance : http://epa.gov/smartgrowth/sgia.htm .

National Prescription Drug Take-Back Day is April 27 th
The U.S. Department of Justice, Drug Enforcement Administration Office of Diversion Control has posted information at this <u>site</u> .

Administration for Community Living has a new website:
http://www.acl.gov/
See Aging Programs page
Tools and Resource Factsheets <u>link</u>
Also from ACL: Transit Planning 4 All
Inclusive Planning Project RFP is linked here .

National Plan to Address Alzheimer's Disease
The latest information is posted at this $\underline{\text{link}}$. (Be sure to scroll to the top of the page.)

Kaiser Health News
2/20/13 In Arizona, Poorest, Sickest Patients Get Coordinated Care:
http://www.kaiserhealthnews.org/Stories/2013/February/20/Arizona-dual-eligible-Medicaid-Medicare.aspx

From the **Sloan Center on Aging & Work at Boston College**

The Business of Aging blog is provided $\underline{\text{here}}$.

USA.Gov resources for seniors: http://www.usa.gov/Topics/Seniors.shtml

INFORMATION & RESOURCES:
WHAT: Direct Care Worker DCW Test-the Trainer Workshop
WHEN: February 28 - March 1, 2013, Prescott, Arizona
The training is not mandatory by DES or AHCCCS, however, it is designed to help prepare and provide an opportunity for trainers to take the written and skills tests.
More information is available at this <u>link</u> . For questions , contact Mary Chapman at (520) 709-1940 or <u>kr38vhr@gmail.com</u>

WHAT: Family Caregiver Training Free Workshops provided by Luminaria Home Care, a program of Lutheran Social Services of the Southwest in partnership with Pima Council on Aging and funded by DES/Division of Aging & Adult Services
WHEN: Workshops are offered in February and March
Workshop Flyer is provided here.
Workshop information is provided here .

WHAT: Arizona Stand Down
WHEN: March 8 – 10, 2013, Veteran's Memorial Coliseum/State Fairgrounds
For more information, go to: http://www.arizonastanddown.org/

ALSO:
UA College of Medicine, Phoenix Campus
Start Smart and Science Café Free Lectures

For more information, go to: http://uacomphx-lectureseries.eventbrite.com/

Income Tax Assistance and Tax Credit Information

2-1-1 Arizona includes these resources at: http://www.211arizona.org/tax.

Just in case you're interested

Back issues of the **Legislative Updates** are linked on the Council website at: http://www.azgovernor.gov/gaca/LegUpdates.asp.

If you would like to submit an **educational** or **public service event** for consideration, be sure to send an email with the description to: gaca@az.gov. Please note: we try to include events of interest to older Arizonans and aging service advocates.

Thank you! Enjoy your weekend!

~Governor's Advisory Council on Aging